

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(ACH DEBITS)

I (we) hereby authorize Access Property Management (APM), hereinafter called COMPANY, to initiate debit entries to my (our) _____ checking account/_____ savings account (select one) indicated below at depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the purpose of collecting assessments for my community association. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. The debit will occur on the 1st of the month due.

Depository/Bank

Name _____ Branch _____

City _____ State _____ Zip _____

Routing

Number _____ (9 digits) Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s) _____ Community _____
(Please Print)

Address: _____ City _____

State: _____ Zip _____

Phone (DAY) _____

Month you want the withdrawal to start: _____

Signature _____ Date _____

PLEASE FORWARD THE FOLLOWING:

1. One check left blank with the word "VOID" written across the check
2. This completed and signed form

SEND TO:

ACCESS PROPERTY MANAGEMENT
Attn: Accounting Department
721 Dresher Road, Ste. 1400
Horsham, PA 19044
mulmer@accesspm.com